

VENDOR SPACE APPLICATION



SENIOR LIFESTYLE & HEALTHCARE EXPOS

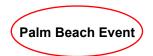
FALL / WINTER / SPRING SCHEDULE

	FALL / WINTER / SPRING SC	HEDULE
☑Please <u>check</u> all the	Senior Expo events in which you	r company would like to exhibit!
☐ MONDAY, NOVEN☐ MONDAY, JANUA	IBER 6, 2023 - SOUTH COUNTY C	ECREATION CENTER, BOYNTON BEACI
AT)	AMARAC & POMPANO BEACH TO	BE ANNOUNCED)
EXI	HIBIT SPACE REGISTE	RATION FORM
Business Name		
	Fax Number	
Email		
Website		
Key Contact Person/Title	e	
Senior Product/Service		
		^^^^^
(check option box below)	EXHIBIT SPACE OPTIO	<u>ONS</u>
 One Perimeter Space: include Silver Sponsor: includes Co Gold Sponsor: includes Front Platinum Sponsor: Front or 	des <u>Electrical Service</u> @ \$450, plus Preferner Space/Electrical Connection/Sponson or Corner Space/Electrical Connection Corner Space/Electrical Connection	up for 4 Senior Expos or more = \$350 per expoerred Exhibit Space Placement = \$400 for 4 exposor Recognition & Announcements @ \$550 n/Einstein's Bagel Breakfast Sponsor @ \$650 & Nathan's Hot Dogs/4 Brothers Lunch @ \$1000 ot at South County Civic Center/Delray @ \$1250
lack lack		e = \$350/event (NO ELECTRIC)
I acknowledge that my signatu		************************************ by the Exhibitor Rules & Regulations posted on website eted exhibit space contract.
Name	Title	Date
•	CARD, AMERICAN EXPRESS and DISCO	

Tel: 754-246-2874 / Fax: 954-462-6672 / Email: drew@retirement-times.com / www.Retirement-Times.com
South Florida's Best Attended Senior Events! For more details, please visit our website: www.Retirement-Times.com



EXHIBIT SPACE CONTRACT



- During Medicare Plus Open Enrollment -

SENIOR LIFESTYLE & HEALTHCARE EXPOWEST BOYNTON RECREATION CENTER

6000 NORTHTREE BLVD., LAKE WORTH/BOYNTON, FL 33463

Monday, October 23, 2023 - 9:30AM to 1:00PM

Cox Number	
Cay Number	
ax Number	
pace #, based on availability. (Please see floor plan	1)
^^^^^	۸۸
ACE OPTIONS (check one)	
	•
Front Corner Space/Electric @ \$550 = \bigcape ce w/Electric/Einstein Bagels @ \$650 = \bigcape \bigcape	
Perks with <u>Lunch Snack Sponsor</u> @ \$1000 =	
<u></u>	
N OF EACH SPONSORSHIP LEVEL, PLEASE VISIT OUR WEBSITE. ************************************	* *
sents that I will abide by the Exhibitor Rules & Regulations as set will be sent out upon receipt of your completed space contract.	
le Date	
	ace #, based on availability. (Please see floor plane) ACE OPTIONS (check one) ay w/ Two Chairs @ \$400 = des Electric Service @ \$450 = Front Corner Space/Electric @ \$550 = Events with Lunch Snack Sponsor @ \$650 = Perks with 1HourSeminarSlot @ \$1250 = OF EACH SPONSORSHIP LEVEL, PLEASE VISIT OUR WEBSITE. ***********************************



Business Name

EXHIBIT SPACE AGREEMENT

The Best of Times ...

SENIOR LIFESTYLE & HEALTHCARE EXPO SOUTH COUNTY CIVIC CENTER - DELRAY

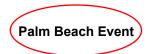
16700 JOG ROAD, DELRAY BEACH, FLORIDA 33446 Monday, November 6, 2023 - 9:30AM to 1:00PM LOTS OF ATTENDEES! HUGE AD CAMPAIGN!

Mail	ing Address			
City,	State, Zip			
Ema	il			
	Contact Person/Title			
	or Product/Service			
	EXHI Exhibit Space: 6 ft. Stand Perimeter 6 ft. Exhibit Sp	BIT SPACE OPTIONS ard Display w/ Two Charace: includes Electric Se	airs @ \$400 =	\^^^ □
> > >	Gold Sponsor Package: in Platinum Sponsor Packag	cludes Perimeter Displ ge: includes Prime Spot	ay/Breakfast @ \$650 = /Breakfast/Lunch @ \$1000 =	
			SHIP LEVEL, PLEASE VISIT OUR WEBSITE.	****
			e by the Exhibitor Rules & Regulations as set receipt of your completed space contract.	
	•	Title	Date	

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EXHIBIT SPACE CONTRACT



- During Medicare Advantage Open Enrollment -

SENIOR LIFESTYLE & HEALTHCARE EXPOWEST BOYNTON RECREATION CENTER

6000 NORTHTREE BLVD., LAKE WORTH/BOYNTON, FL 33463

Monday, January 29, 2024 - 9:30AM to 1:00PM

Business Name		
Mailing Address		
City, State, Zip		
Phone Number	Fax Number	
Email		
Website		
Key Contact Person/Title		
Senior Product/Service		
Our company requests assig	nment of exhibit space #, b	ased on availability. (Please see floor plan)
^^^^^	^^^^^	
	EXHIBIT SPACE OPTIONS	s (check one)
•		airs @ \$400 = Service @ \$450 =
Silver Sponsor Pac Gold Sponsor Pac	ckage: includes <u>Front Corner S</u> kage: Front Space w/Electric/	<u>Space</u> /Electric @ \$550 = □ <u>Einstein Bagels</u> @ \$650 = □
·		<u>ch Snack Sponsor</u> @ \$1000 = □
•	_	.HourSeminarSlot @ \$1250 =
		RSHIP LEVEL, PLEASE VISIT OUR WEBSITE. ************************************
		le by the Exhibitor Rules & Regulations as set n receipt of your completed space contract.
		Date



EXHIBIT SPACE APPLICATION

OPEN ENROLLMENT

The Best of Times ...

SENIOR LIFESTYLE & HEALTHCARE EXPO SOUTH COUNTY CIVIC CENTER - DELRAY

16700 JOG ROAD, DELRAY BEACH, FLORIDA 33446
Monday, February 26, 2024 – 9:30AM to 1:00PM
LOTS OF ATTENDEES! HUGE AD CAMPAIGN!

Bus	iness Name
Ma	iling Address
City	, State, Zip
Pho	one Number Fax Number
Em	ail
We	bsite
Key	Contact Person/Title
Ser	ior Product/Service
Oui	company requests assignment of exhibit space #, based on availability. (Please see floor plan)
^^^	^^^^^^
	EXHIBIT SPACE OPTIONS (check one)
> >	Exhibit Space: 6 ft. Standard Display w/ Two Chairs @ \$400 = Perimeter 6 ft. Exhibit Space: includes Electric Service @ \$450 =
\(\lambda\)	Silver Sponsor Package: includes Corner Perimeter Space @ \$550 = Gold Sponsor Package: includes Perimeter Display/Breakfast @ \$650 = Platinum Sponsor Package: includes Prime Spot/Breakfast/Lunch @ \$1000 = Diamond Sponsor Package: Platinum Perks w/ 1 Hr. Seminar Slot @ \$1250 =
> ***	SPONSORSHIP PACKAGES: FOR A FULL DESCRIPTION OF EACH SPONSORSHIP LEVEL, PLEASE VISIT OUR WEBSITE.
	nowledge that my signature on this contract represents that I will abide by the Exhibitor Rules & Regulations as set on this event's website. An exhibit space invoice will be sent out upon receipt of your completed space contract.
Naı	ne Date Title Date
MA	KE CHECKS PAYABLE TO: EXPO MEDIA, Inc., 4846 N. University Dr., #134, Lauderhill, FL 33351 754-246-2874 / Fax: 954-462-6672 / Email: drew@retirement-times.com / www.Retirement-Times.cor



South Florida Senior Expos EXPO MEDIA, INC. 4846 N. University Drive Suite 134

Ft. Lauderdale, FL 33351 Phone: 754-246-2874 Fax: 954-462-6672

Credit Card Authorization Form

CARD HOLDER INFORMATION		
Name or Company Name:		
Billing Address:		
City: State:	Zip:	
Email Address:	PHONE:	
DAVMI	ENT AUTHORIZATION	
FATIVI	INTAUTHORIZATION	
Card Type: □ Visa □ MasterCard	d □ Discover □ American Express	
Card No.:	Exp. Date:	
Card Identification Number (CVV2 Co	ode):	
I, authorize	e EXPO MEDIA, INC. to process a charge against my	
credit card account in the amount of	S	
for the payment of the Senior Life:	style & Healthcare Expo	
Telephone Number:754-246-2874	Fax Number: 954-462-6672	
EMAIL ADDRESS: expomedia@hotm	nail.com	
Print Name as it appears on Credit C	ard:	
Signa	ture:	
С	Oate:	
	these expos will be honored toward future events or lo cash or credit card refunds, no exceptions.	

Note: EXPO MEDIA, INC. does not keep a file of credit card numbers. At the completion of the transaction, this document with your credit card number will be shredded.